

CITY OF COVINGTON PUBLIC RECORD REQUEST

Please submit this form to the Senior Deputy City Clerk via mail, facsimile, email, or in person at Covington City Hall, 16720 SE 271st Street, Ste. 100, Covington, WA 98042; Fax: 253-480-2401, jmichaud@covingtonwa.gov.

FOR CITY USE ONLY:					
Re	eceived By:	(Ctaff Nama)	Date Received:		
	mount Due: Date		Completed By:	(Staff Name)	
Nar	me of Requestor:	Dayti	me Telephone:		
Nar	me of Company (if applicable): _				
Ado	dress:				
		Street or P.O. Box No.		Apt. No.	
	Scribe the records you are requestay.	sting in detail. Failure	- •	•	
	ease continue on back or add addit				
	I would like to inspect the reco	I would like to inspect the records. (The Senior Deputy City Clerk will call to set up an appointment.)			
	I would like electronic copies of	would like electronic copies of the records emailed to me at:			
	-	would like copies of the records and will pick them up when they are available. (The first five pages are ree. Additional pages are 15 cents each for regular-sized copies and actual cost for over-sized copies.)			
	I would like copies of the records sent to me by mail to the address listed above. I understand that if there are any reproduction and postage fees associated with the records I am requesting, the City must receive payment for the copies I have requested before sending them to me.				
take two respo the r exen the G	e receipt of your copy of this form const e approximately days/weeks to respond to your request, upond to your request may be based upon request, to determine whether any of the mpt from disclosure, or to obtain clarification will, in writing, ask that you clarificate for clarification, within fourteen duty to respond to this request.	respond to your request. If the inless it becomes necessary in the need to locate and assent the information is exempt from cation of the request. If the fry your request. Please be	the preceding space is blank, the for you to clarify your request the records, to notify third m disclosure, to redact document is unable to determine we had vised that your failure to	ne City estimates that it will take t. The estimated time required to d persons or agencies affected by ments containing material that is which records you are requesting, to respond to the City's written	
	<u>Please Note</u> : State law requires that governmental agencies must respond, Acknowledging receipt of the record and request. Duplication costs will be assessed	within five (5) business days of l providing a reasonable estimate	f receiving a request, by either: of the time in which a response w	(1) Providing the record; (2)	
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